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Negotiating mental health amongst transgender parents in Australia

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ABSTRACT

Background: Many transgender (trans) parents experience challenges related to their mental health, which can affect and impact on their experiences of parenting, however there is scant research on how Australian trans parents contextualize and experience their mental health, the support they receive for it, and impacts within the family context.

Aims: The present study aims to address these gaps in the literature, through examining how Australian trans parents contextualize and experience issues around their mental health, and their experience of formal and informal support for their mental health?

Methods: This study aimed to explore these experiences, through a qualitative research design using online open-ended survey data and one-on-one interviews, with 66 trans parents, aged 24–67 years old. Data was analyzed using thematic analysis.

Results: Many participants reported significant challenges in relation to their mental health: such as depression, anxiety, and suicidal ideation, which reportedly made parenting challenging. However, participants reported that gender affirmation as well as family and social support had a positive impact on their mental health. The majority of participants reported feeling they had to educate their therapist, that they were pigeon-holed by their gender identity or, had concerns about confidentiality. However, some participants expressed positive interactions with therapists, particularly therapists specializing in, or knowledgeable of, trans health.

Conclusion: The results reinforced the need for mental health professionals and associated services to be competent in treating trans parents and reiterated the positive impact of family and social support, as well as support for gender affirmation, on the mental health of trans parents and their ability to parent.

KEYWORDS

Gender affirmation, mental health, mental health support, parenthood, trans, transgender

Introduction

Many transgender (trans) people are parents. A meta-analysis by Stotzer et al. (2014) indicated that 25% to 50% of trans people report being parents, with trans women and those who affirm their gender later in life more likely to be a parent (Grant et al., 2011; Pyne, 2012). The lives of trans parents and their families are significantly impacted by the societal context in which they live. Currently, Australian society is shaped by heteronormative ideals that overlooks families in which the parents are of the same gender, or where the parent or parents are trans (Haines et al., 2014; Riggs et al., 2016; Short et al., 2007). As a result, families shaped outside the heteronormative, cisgender family framework, such as trans families, are at risk of marginalization (Veldorale-Griffin, 2014), with parents who came out as trans previously advised to sever all ties with their children and former lives (Green, 2006). However, over the last decade as trans rights have gained visibility and support, trans people are increasingly pursuing gender affirmation (GA) whilst also pursuing and preserving families, relationships and careers (Haines et al., 2014). As a result, experiences around GA and the ability to live authentically are increasingly negotiated in tandem with commitments to family and mental health and well-being (Hines, 2006). As part of this process, trans parents negotiate normative cultural scripts about gender and parenthood, varying from appropriation to resistance (von Doussa et al., 2015).

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Due to the nature of this research, some participants of this study did not agree for their data to be shared publicly, so the data is not publicly available due to protecting the privacy of research participants. Please contact the corresponding author, RC, for further information.

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Trans people experience significantly poorer mental health compared to their cisgender counterparts (Bockting et al., 2013; Leonard et al., 2015), attributed to the psychological impact of discrimination and systematic oppression of trans people (Hatchel et al., 2018). For trans parents, issues around parenting and mental health may be complicated by a history of discrimination and pathologization by the medical community and the family court system (Bockting et al., 2013; Charter et al., 2018; Puckett et al., 2019; Rodriguez et al., 2018). Much like the broader population, trans people may seek support for issues around their mental health. When trans people have access to social support their overall mental health and self-esteem is improved (Lefevor et al., 2019; Nemoto et al., 2011). However, due to concerns around judgment, trans parents may feel apprehensive about seeking such support (Green, 2006; Hafford-Letchfield et al., 2019).

There is evidence that formal health services are often ill-equipped to serve the trans community and mental health professionals (MHPs) are not always proficient in delivering trans-appropriate support (Bradford et al., 2013; Riggs et al., 2014). There continues to be a gap with regard to mental health research with trans people, particularly from an experiential perspective, resulting in trans-identified needs often lost in the provision of care (Benson, 2013; Bockting et al., 2006; Charter et al., 2018). Equally, there is minimal research on the perspectives of trans parents who have experienced mental health issues in response to the support received (Riggs et al., 2015). A greater understanding of such issues is needed to help expand the inclusivity and visibility of trans people in broader health literature (Eaton et al., 2016; Hunstman, 2008; Maybery & Reupert, 2009).

The present study aims to address these gaps in the literature, through addressing the following research questions: How do Australian trans parents contextualize and experience issues around their mental health? What is their experience of formal and informal support for their mental health?

Method

Participants and recruitment

This data is part of a larger study examining the experiences of parenthood amongst trans parents. This larger study was open to any trans person living in Australia who is also a parent. A research design utilizing online survey data and one-on-one interviews was used to explore the parenting experiences of 66 trans individuals, aged 24 to 67 years old. The children of participants ranged in age from 18 months to 39 years old, with the majority being aged 6- to 16 years old. Participants had between 1 and 5 children. Fifty-five parents (83%) had children that were biologically related to them, including 25 gestational parents (38%), whilst a number of these participants also co-parented children in blended families. Eleven participants (17%) parented children through

Table 1. Sociodemographic characteristics of participants.

	Participants (N = 66)	*M* (SD)
Variable	*n*	%
Sex assigned at birth	61[a]	
Female	29	47.54
Male	30	49.18
Intersex	0	0
Not sure	2	3.27
Prefer not to answer	5	8.27
Gender identity	65[a]	
Trans woman	19	29.23
Trans man	20	30.76
Male	12	18.46
Female	11	16.92
Non-binary	0	0
Gender queer	0	0
Prefer not to answer	3	4.61
Sexual orientation	55[a]	
Heterosexual	17	30.90
Gay	4	7.27
Lesbian	11	20.0
Bisexual	9	16.36
Asexual	4	7.27
Queer	3	5.45
Fluid	2	3.63
Pansexual	1	1.81
Not sure	4	7.27
Prefer not to answer	7	12.72
Cultural Background	63[a]	
Australian	45	71.42
New Zealand	8	12.69
British	6	9.52
Malay-Chinese	1	1.58
German	1	1.58
Indian	1	1.58
Prefer not to answer	0	0
Education	66	
Left school before completing	0	0
Finished high school	8	12.12
Trade/certificate/diploma	13	19.69
University degree or higher	41	62.12
Other	4	6.06
Living full-time in preferred gender	64[a]	
Yes	59	92.18
No	3	4.68
Prefer not to answer	2	3.12
Current relationship status	63[a]	
Partnered	32	50.79
Divorced/Separated	20	31.74
Single	7	11.11
Other	4	6.34

[a]indicates missing data where $n < 66$.

co-parenting with partners, for example step-parents or other blended family arrangements. Further demographic details are presented in Table 1. Participants were recruited through an information sheet sent to a number of trans support groups, as well postings on social media. Participants were directed to an online survey collecting demographic information as well as open-ended questions related to their family history, experiences of support, and any other information about parenthood that they choose to express. Survey participants indicated whether they would like to take part in a one-on-one interview to further discuss their experiences as a parent. Thirty-eight (58%) of the survey participants consented to being interviewed. Data used in this article is taken from the qualitative component of the 66 surveys and 38 interview responses. Demographic data did not indicate a discernible difference between those who were surveyed and those who volunteered to be interviewed. To protect privacy, participant geographical location was not included in the demographic questionnaire however, approximately 65% of participants who took part in the one-on-one interview verbally indicated that they currently resided in a regional or rural setting. To contextualize, approximately 31.5% of the Australian population reside in regional and remote areas of the country (Australian Bureau of Statistics, 2016). The Western Sydney University Human Research Ethics Committee granted ethical approval for this study, and all participants gave informed consent.

Measures and procedure

Online survey items consisted of closed and open-ended questions covering the following areas: demographics; experiences around gender identity; parenting experiences; and support systems. Participants were also given space to write on issues and experiences that were important to them. Individual semi-structured telephone interviews were conducted to examine the subjective experiences of parenting; personal relationships; wellbeing; support systems; gender identity; and gender affirmation within the family context. Interviews opened with participants being asked, *Think back to when you first had children, what was life like for you then*?. Participant responses from online survey items were used to inform and guide individual interviews. Interviewees were reimbursed for their time with a modestly valued supermarket gift card.

Analysis

All open-ended survey and interview data were professionally transcribed verbatim and integrity-checked for errors in transcription. Open-ended survey data and interview data were analyzed using thematic analysis, a method which identifies and describes meaningful patterns across data by searching for implicit and explicit themes related to the research question (Braun & Clarke, 2006). The thematic analysis followed a linear, six-stage method (Fereday & Muir-Cochrane, 2006; Nowell et al., 2017), described as follows: data was subjected to multiple close readings to identify commonalities, differences, and patterns. From these readings, an initial coding framework was developed. Data were then coded using the NVivo software program. In consultation with the research team, coded data was subjected to close analysis, discussion and interrogation, and coding summaries developed. Alongside this process, themes were developed, extracted, discussed, reviewed and refined. Themes were then further reviewed and named. Individual themes were considered and named not only on their own merit but also in the context of the larger 'story' told within the research (Fielden et al., 2011).

Results

Three main themes were identified that were related to mental health, under which a number of subthemes were clustered. These were (i) *Parental Experiences of Mental Health*, which consisted of two subthemes: "Everything was a struggle"- Experiences of poor mental health, and "Parenting under a dark cloud" - parenting when mentally unwell; (ii) *Subjective Experiences around Informal Mental Health Support*, which consisted of two subthemes: Relationships with family and friends, and Gender affirmation: From absent to present parenting; and (iii) *Subjective Experiences around Formal Mental Health Support*, which consisted of four subthemes: "My psych was a lifesaver": "Invaluable" support from mental health professionals, "Educating the therapist" - experiences of being heard by MHPs, "I am not just my gender" - mental health concerns are related to a range of issues, and "Confidentiality is my primary concern"

- geographical challenges in accessing mental health support. In the presentation of results, participant details are provided, including pseudonym, and age bracket. For longer quotes the age range and number of children is attached to participants first mention.

Parental experiences of mental health

"Everything was a struggle"- experiences of poor mental health

All of the trans parents who took part in our study discussed experiencing mental health issues at some point in their lives. Many reported periods of "feeling very depressed" (Trent, 30's), "so down and low" (Jason, 20's) as well as "anxiety (that) was through the roof…recurrent panic attacks" (Zak, 20's). Tina, a parent of one toddler with a second child on the way, (20's) said:

> (before affirmation) my dysphoria was completely out of control… it became very, very distressing and almost impossible to function. The worse it got, the worse my depression got and the worse my dark thoughts got. I became frightened of myself.

Instances of self-harm, suicidal ideation and gestures were also reported, as Trent (30's, parent to one primary school aged child), who gave birth to his now primary-school aged child after commencing gender affirmation, describes "(the pregnancy related dysphoria) got so bad that I started to feel like I didn't have a choice (but to self-harm)". Additionally, many participants, specifically trans women, reported disordered eating. As Noni, a parent to two primary school-aged children, (30's) describes:

> I'd go days without eating…I just couldn't eat because every single morsel of food that I put into my mouth would go onto my body in a male pattern. So, if I eat some chips, that was going to my belly and that would make me look more male and I would've rather died. In fact, I wanted to die…I very nearly starved myself to death.

Others discussed being diagnosed with eating disorders and the distress and concern amongst family members at their "sudden deterioration" and "skeletal, gaunt and frightening" appearance (Nadia, 30's, parent to two primary-school aged children). Some parents spoke of using alcohol to "cope", as Colin (40's), a father to one preschool-aged child and step parent to a primary-school aged child, told us: "My drinking really started to escalate. I was needing more and needing it earlier every day. I thought it was helping me cope with all the stress and anxiety but it was making it much, much worse." Tommy (20's), a gestational parent to one preschool-aged child, described: "For me (the drinking) put a huge wall up around me, kept everything at a bit of a distance, made me feel like I had some control over how I was feeling." These accounts illustrate how profoundly participants experienced distress around their mental health. For many, these experiences were deeply embodied and had significant consequences in their ability to function and make meaning of their lives.

"Parenting under a dark cloud" - parenting when mentally unwell

Participants were unequivocal in the assertion that their mental health directly impacted on their experiences of parenting, described as becoming "very overwhelming" or "stressful" or like "parenting under a dark cloud" (Del, 40's, a gestational parent who gave birth to two children before and during coming out) as a result of mental health issues. For many participants, self-positioning as a "bad" or "terrible" parent was described as inescapable. This was associated with feelings of guilt which exacerbated depression and anxiety, creating "a vicious cycle" Leoni (50's, parent to two adult children):

> I was depressed for about five or six years, which I only really started to recognise with the birth of my second child. (During that time), I found it so hard to be a good (parent). I probably seemed ok on the outside but I was dying inside and just desperately detached.

Other participants talked about feelings of "shame" as Krissy (40's), parent to four teenage children, explains:

> I was drinking more and more and becoming more and more difficult to live with… I wasn't thinking anything of it but it was making me into a pretty narky-nasty sort of person…One night when I've had too many to drink and I've been an asshole… my oldest son actually had a chat with (my partner) and said, "Can you say something to Dad? Can you do something? That just broke my heart when I found out, the shame of it.

Tommy (20's) described being "ashamed of myself as a dad" due to his depression, whilst Colin (40's) states: "I wasn't a dad, I was a ghost…it was

shameful…The more I withdrew myself from (the family) the worst I felt. It was very much a vicious cycle".

Absence was another common experience in regards to parenting when mentally unwell, and some participants spoke of their "inability to be present" when caring for their children. For example, Connie (40's, parent to two teenage children) told us, "I honestly felt like an absent parent when I wasn't well. I just couldn't focus on the kids at all"; and Clay (20's, parent to a toddler) described his "inability to connect with (his child) when I was sick…I was checked out and totally absent". Del (40's) echoed these accounts: "When I think back to those early years (of parenting) I just think of absence. I just wasn't able to be present with (my kids), I was not coping at all".

These stories illustrate how much mental health can impact on experiences of parenting, and how serious this can be for trans parents. Participants in this study were very candid in sharing these deeply personal accounts, which many acknowledged were their "lowest moments" (Damon, 20 s, parent to an infant and a primary school-aged child). As stated previously, there is significant societal stigma for parents around admitting that they are struggling with parenting and their mental health (Maybery & Reupert, 2009), and the parents in our study have exhibited great resilience in surviving these challenges. Whilst these accounts make for difficult reading it is vital to understand the actual lived experiences of trans parents rather than just the statistics so often cited, in relation to their mental health.

Subjective experiences around informal mental health support

Relationships with family and friends

Participants raised the importance of supportive familial and social relationships to their mental health. As described by Tina (20's):

> Knowing that you've got people to prop you up when that is very important. If you don't have that support, then you're gonna fall and you're gonna fall hard and it takes a long time to get yourself back off the ground.

Many participants cited their relationship with their children as being fundamental to their wish to "be better" (Leoni, 50 s) and to their "sense of self worth" (Tommy 20's). Marilena (40 s) states: "My (20 year old) son looked at me and said, I just want you to be happy Dad, that's all I want, and he has been my biggest supporter ever since". Other participants concurred, citing their children's encouragement of them, and their "unconditional love" (Colin, 40's) as being stabilizing forces within their lives. As Nadia (30's) describes her relationship with her children:

> "(they) have always loved me the same…but as I have gotten more comfortable in my skin it definitely has had a knock on effect, I am happier which has made them happier and visa versa…I see how much they have cared for me and, for me, the act of caring for them kept me grounded."

Raina (40's), parent to two high-school aged children, states: "Support from your immediate family is definitely something that's very important 'cause they're the ones you can turn to that you know can't run away (laughs)".

However, in regards to extended family, many participants in our study reported mixed experiences. Multiple participants reported currently having no current relationship with their parents or other extended family members. Some attributed this to their family being unable to accept them coming out as trans or taking steps toward gender affirmation, whilst others stated that their relationship had always been problematic. For some, the loss they associated with family estrangement was not their own, but rather the loss for their children in not having grandparents or other family who cared for them. For example, Melinda (40's), a mother of one teenage daughter, said, "I don't give a hoot what my father thinks of me…but he's not there for his granddaughter and that kills me". Other participants spoke of having strong relationships with some family members but not others. Jessie (30's), parent to two primary school-aged children, explains:

> One sister thinks I'm the biggest sin against God ever and she's disowned me, but I have other family members that are supportive…My younger sister is fantastic and she really helps share her parenting journey with me, which is great.

Many participants agreed that a positive relationship with family was invaluable, particularly in regard to support for their own parenting. As Sam (30's), a gestational parent to one primary-school aged child and a step parent to another, told us, "my dad has spoken to me about all sorts of stuff to do with discipline and just building a relationship with (my son).

He has been helpful". Tommy (20's) said, "I really looked to my Dad for advice in raising a son, being a man he can look up to…I don't want him missing out on anything". Other participants discussed how their relationship with their family had "deepened" (Melinda, 40's) since they had children of their own and that they derived a lot of support from them; "everyone gives me positive feedback about the person that I've become…They can see I'm a lot happier now" (Darla, 40's, parent to two teenage children).

Additionally, many participants reported positive support from friends and social circles: "I have a lot of friends that I consider family and they have really helped me get through it all. They make it worthwhile (Tina, 20's). Others discussed how "humbling" (Sonia, 40's) it was that their friendships had grown closer, or "deepened to another level" (Tommy, 20's). Others spoke about support from friends in the lesbian, gay, bisexual and trans (LGBT) community as being particularly valuable: "they really understood the complications of transitioning" (Steve, 20's). Tina (20's) agreed, stating that: "speaking to friends (in the LGBT community) that have been in similar situations" is especially helpful, she continues: "It certainly makes you remember you're not the only one". However, some participants noted that many of their friends in the trans community didn't have children, which sometimes impacted on their ability to "fully share experiences" (Steve, 20's).

Gender affirmation: from absent to present parenting

The majority of participants in our study reported that gender affirmation had a significant positive impact on their mental health, as Ty, a father of one primary school-aged child, ad two high-school aged children (40's) describes:

> (Before) I was really, really struggling. I was getting to the point of not functioning and I was breaking down constantly every day, starting to break down in front of the children, which was very difficult…For me, transitioning was such a powerful force and had a huge impact on my mental health.

This account was echoed by many other participants, who reported gender affirmation was "the beginning of healing for our family" (Damon, 20's), or as Sandy (50's) explains "when the kids were young I wasn't present. Now that I've transitioned, from their point of view, the only change is that it's better and our family is better." Gender affirmation was also reported to have had a significant impact on the ability to parent. As Del (40's) describes, "I relaxed more and I was able to start being more present with (my children). I am a way better parent now, than I ever could have been before."

When asked to describe the ways gender affirmation improved mental health, participants gave a range of responses, such as, "(it) brought everything into alignment" (Justin, 30's), the positive impact of "finally living authentically" (Tina, 20's) and hormone therapy "finally made me feel like a normal person" (Del, 40's). Marilena (40's) explains: "From the first dose (of hormones) I just felt something click inside me…I felt like I finally unclenched (laughs)". Other participants gave similar accounts, with Tommy (20's) telling us: "I definitely relaxed more after transitioning, and it also had a weird side effect in that I completely stopped drinking. The desire just wasn't there anymore". More specifically, many of the trans men in our study spoke about how top surgery (breast removal) improved not only their mental health, but also their experience of parenting. As Steve (20's), parent to one preschool-aged child, explains:

> (top surgery) made me an infinitely better parent. I was able to be more present in my own skin and from that comes so much more interaction and just being able to do simple things like go to the beach with my son.

Across these accounts, participants expressed a shift from experiencing parenting as 'absent' toward being 'present' following gender affirmation. Participants reported that they felt this created a more positive and relaxed home environment as well as a subjectively improved relationship with their children. Participant accounts illustrate that the improvement to mental health and wellbeing that gender affirmation allowed also made space for a deeper parental connection with their children. It is vital to add, however, that pursuing GA is not without its own set of challenges. Aspects of GA can be prohibitively expensive, putting it out of reach for many trans people. For our participants, significant costs were associated with "vital treatments" (Steve, 20's) such as top surgery and face feminizing procedures. There was often significant guilt attached to spending large sums of money on pursuing GA whilst also being a parent and providing for children.

Subjective experiences around formal mental health support

The majority of participants cited the desire to be a better parent as their primary reason for seeking formal support. As Krissy (40's) explains: "(the kids) were the main reason…I realized I had to get better and do better, for them." Participants had a range of experiences of formal support services, from positive interactions with specialists, to challenges being heard, feeling that they were boxed in by perceptions around their gender identity and concerns about confidentiality. The vast majority, approximately 80% of participants, reported mixed experiences with formal mental health support, with approximately 10% reporting solely positive or negative experiences, respectively. Every participant in our study had accessed formal mental health support at some point in their lives, with the majority of participants engaged in one-on-one counseling at the time of the study.

"My psych was a lifesaver": "invaluable" support from mental health professionals

Whilst participants reporting primarily positive experiences with their MHPs were in the minority, those who did described them as "invaluable" (Zak, 20's), or as Ty (40's) explains: "My psych was a lifesaver, I was not in a good place…she really turned things around for me and I am a far better off for it now…the family is far better off." Other participants expressed how "nourishing" (Clay 20 s) and "deeply beneficial" (Trent, 30 s) a solid relationship with a MHP could be. The main aspects noted were 'being heard' and 'being listened to'. As Damon (20's) describes: "I felt that (my MHP) really listened to me and to what I needed from him and I respected that". Other participants reiterated that a MHP who was "present and engaged" (Zak, 20's), as well as "empathetic, (my MHP) treated me like a person rather than a cluster of needs" (Ty, 40 s) and "knowledgeable" (Tilda, 20's) made the therapeutic experience more beneficial.

Additionally, participants who were able to see a MHP who specialized in trans health spoke very positively of the support they received, as Tilda (20's) told us: "My psych in (capital city) has been amazing. She was referred to me by (a trans health service) and has been really brilliant, actually." Zak (20's) reiterated this, saying:

> "I was extremely lucky (the first MHP I saw) was recommended to me by (trans support service) and was brilliant. He just made everything very normal and easy. I felt like we were both on the same page, which meant we could focus our energy on me and my treatment. There was very little need for basic explaining, on my part."

For these participants, who were geographically able to access MHPs who have experience or specialist training when treating trans clients, the experience was overwhelmingly positive. By interacting with a professional who is already informed and up-to-date with nomenclature, treatment and communicative competency, participants are able to immerse themselves in the therapeutic process and derive fuller benefits.

"Educating the therapist": experiences of being heard by MHPs

Some participants spoke about efforts MHPs went to in order to educate themselves, as evident in Lyndall's (30's) account:

> My therapist was great. She went away after our sessions and did lots of research…any time I introduced something new she worked it out herself and it took a lot of the pressure off me. I really appreciated that.

However, the majority of participants described challenging experiences in "being heard" (Sam, 30's) and "being understood" (Darla, 40's) by MHPs:

> I have honestly had very few positive experiences with (MHPs), and I've seen quite a few over the years (laughs). I've seen some who just don't seem to understand (being trans), and don't seem to want to…You feel like you have to educate them about absolutely bloody everything. (Leoni, 50's)

This experience of "educating the therapist" (Maury, 40's) was a common refrain in this study, as is evident in Leoni's account, above. As Stellan (20's, step parent to three primary-school aged children) describes: "I just felt like I was constantly having to explain everything. It wasn't very enjoyable and I didn't really get much from the sessions". Others spoke of having to "constantly teach the right terminology" as well as, in more serious examples, being "repeatedly misgendered", or MHPs "using my old name" when discussing earlier life events. As Sam (30's) explains:

> He (the MHP) kept saying things like, "when you used to be a woman this or when you used to be a woman

> that" even though I had repeatedly explained to him that I didn't like him doing this…I would tell him' "listen, I have always been trans ok? I was never a woman". But he just couldn't understand…it made sessions very uncomfortable for me.

"I am not just my gender": mental health concerns are related to a range of issues

Much like the broader population, trans people wanted support for a variety of issues. However, many participants spoke of a perceived misconception amongst MHPs that they sought mental health support only for issues surrounding their trans identity or gender affirmation. As Colin (40's) told us:

> My mother died about a couple of years ago and it was a very, very difficult time…The grief was very overwhelming…I was very distracted with (caring for my children). My GP put me in touch with a counsellor and it was a mess (laughs)… They were just so fixated on my transition (which had occurred many years previously) and, you know, my being trans I suppose. It totally overshadowed the way they approached and talked to me. Like actually, I am not just my gender (laughs). I have a whole life going on.

Other participants echoed Colin's account of MHPs lack of "recognition that I need help with other issues" (Darla, 40's). Participants said they often reached out to MHPs for work-related stress, grief and loss, as well as relationship issues, depression and anxiety. If MHPs focused on gender affirmation, it negated the impact of other experiences, and implicitly defined participants by the trans aspect of their identity, rather than the totality of their experience.

"Confidentiality is my primary concern": geographical challenges in accessing mental health support

A number of our participants lived outside major metropolitan areas, with many living in regional and rural areas. For these participants, finding appropriate professional mental health support was described variously as "impossible", "a total no go" or "extremely difficult" (Steve, 20's). Colin (40's) shares his experience:

> Confidentiality is my primary concern, for my family's safety. I don't feel like I can get that (in rural town). There's only one counsellor (in the area), that I'm aware of …I sometimes see a psychologist when I go to Melbourne but it's very few and far between…it's made things very difficult at times.

This account was echoed by Tommy (20's), who stated: "There is just literally no-one in (our town). I'd have to drive over two hours, which is just totally impractical, especially with the kids." Other participants reiterated that there was a lack of MHPs in their community, as well as fears around confidentiality in small communities, as Raina (40's), who is not "out" in her rural community explains:

> My wife actually works at the local hospital and we go to events where all the doctors and such are there and you know, they blabber. They're shocking. I know for a fact that the local psychiatrist goes around telling people about others, I've heard it myself. How am I supposed to trust these people with something so private?

Steve (20's), who lives 'stealth', meaning that no one in his community knows he was assigned female at birth, reiterated this account:

> I don't feel that the confidentiality within (my town) is adequate. I've experienced that on a firsthand basis a few times…there's a lot of anecdotal information shared between (MHPs) during conversations and (the town) might not be an environment that is confidential.

For these participants, the benefit of professional mental health support had to be weighed against the social risk of being outed in their small communities. For many, the risk was perceived as too great and they were compelled to forgo assistance.

Discussion

This study examined how Australian trans parents contextualize and experience issues associated with their mental health, as well as their experience of support for mental health concerns. Our findings showed that mental health issues were a significant concern for the majority of trans parents who took part in this study. For many, experiences of gender dysphoria generated depression, anxiety, suicidal ideation, alcohol abuse and disordered eating. Whilst these outcomes have been recognized to have high prevalence in the trans community (Pitts et al., 2009; Riggs et al., 2014) there is a dearth of research exploring how this is experienced subjectively on an individual level (Morris & Galupo, 2019). Our participant accounts illustrate how poor mental health impacted upon subjective wellbeing as well as on experiences of parenthood. Many of our key findings align with the

work of Riggs et al. (2015), who established that experiences of discrimination, the ability to access gender affirming treatments, as well social connectedness were key factors in determining trans mental health.

Dominant cultural discourses inform us what behaviors, attitudes and identities are appropriate for 'good' and 'bad' parents (Ussher et al., 2016) and many of the participants in our study viewed themselves as 'bad', 'absent' and 'detached' when they were unwell. These perceptions were accompanied by significant feelings of shame, as has been reported in previous research with parents who experience physical or mental health concerns (Mauthner, 1999; Parton et al., 2019; Price-Robertson et al., 2015). For many of the participants in the present study, these negative appraisals created a vicious cycle that further solidified self-positioning around poor parenting and deficiency. Given the stigma already associated with being trans, in a world designed to exclude (Hughto et al., 2015; Valentine & Shipherd, 2018), those who are both trans *and* parents exist at a vulnerable social intersection, particularly in regards to mental health (Charter et al., 2018). In the broader literature, parental mental health is consistently positioned as a liability in regards to raising children, however parenthood can also be a source of strength. For many of our participants, parenthood was the primary source of motivation in seeking support for their mental health. They cited seeking mental health support, as well as building stronger family and social bonds, not just for their own benefit but for the benefit of their children. Trans people can exhibit great resilience in the face of discrimination and marginalization (Graham et al., 2014; Pinto et al., 2008; Ussher et al., 2020; von Doussa et al., 2020) and that resilience is also displayed in their approach to parenthood.

Participants in our study reported that gender affirmation was a significantly beneficial experience for their mental health. These findings are supported by numerous other studies which illustrate the importance of transitioning and gender affirmation for the mental health of trans people (Dierckx et al., 2016; Jellestad et al., 2018; Motmans et al., 2012; Riggs et al., 2015; Strauss et al., 2017). For our participants, bringing their gender into alignment was reported to have alleviated dysphoria and allowed them to become more present and relaxed in regards to their experiences of parenthood. It is important to note, however, that gender affirmation means different things to different people and there is no singular way for it to be expressed (Fein et al., 2017). For some participant's, surgical interventions such as top surgery were vital, whilst others found hormone therapy, or dressing certain ways, equally beneficial. However, it is important to recognize that the financial costs associated with gender affirmation can dictate significantly what is accessible to each individual, additionally social situations may also contribute constraints on how affirmation is expressed (Jellestad et al., 2018). Like myriad aspects of being trans, subjective accounts of the experiences and perceived benefits of gender affirmation are often overlooked within the research sphere (Fein et al., 2017; Ho & Mussap, 2017). As gender affirmation appears to be central to the mental health and wellbeing of many trans people, we believe it is vital for more research to be done that explores the actual lived experiences of those going though these processes. Additionally, research that explores strengths and wellness of trans people, rather than focusing on vulnerability, is vital for developing interventions (Glynn et al., 2016; Hendricks & Testa, 2012; Ussher et al., 2020).

Participants in our study identified the importance of supportive family and social circles in addressing mental health concerns and bolstering their parenting. Family and social support were experienced through a parental lens, with participant relationships with children, and support for and around their parenting being positioned as, for many, central to their experiences of mental health and wellbeing. Social support and relationships are fundamental determinants of mental health and wellbeing (Stephens, 2008) and in the trans community these kinds of connection may be particularly vital (Puckett et al., 2019). Previous research has found that, in addition to gender affirmation, when trans people receive social and emotional support they experience significantly improved mental health and wellbeing, and negative outcomes (Robinson et al., 2014), such as suicidality, depression and anxiety are significantly decreased (Bauer et al., 2015; Gorin-Lazard et al., 2013).

Our findings illustrate that experiences with MHPs are often challenging and as such, many of our participants may be receiving inadequate support. Given that trans people already experience significantly higher rates of mental health concerns, being unable

to fully access and utilize mental health services may intensify these risks (Riggs et al., 2014). Timely, appropriate and informed mental health support is vital, for trans parents and beneficial for their children (Hunstman, 2008; Jones et al., 2016; Maybery & Reupert, 2009). However, our findings suggest that many trans parents feel they are not receiving this support. In line with previous research (Grant et al., 2011; Xavier et al., 2007) we found that trans people feel they have to educate their MHPs on trans issues which suggests that many MHPs are still not fully informed. MHPs often do not receive significant or specialized training on gender identity or working with gender diverse communities outside of a diagnostic framework (Vance et al., 2015). Additionally, many MHPs have not received training that challenges their own assumptions about sex and gender (Benson, 2013). The inclusion of gender theory in clinical training is vital in preparing therapists to work with this cohort in order to assist MHPs to explore and deconstruct their own understandings and potential biases when working with this population; as Hendricks and Testa state: "cultural competence must surpass mere acceptance of trans people" (2012). Further, trans-informed training in the development of strategies to work with gender diverse people and their families is vital. Culturally competent and trans informed care is key for building resilience amongst these families and individuals (Bockting et al., 2006; Hendricks & Testa, 2012; Pinto et al., 2008). Mental health education must encompass multifaceted understandings of gender diversity that move past binary notions of gender, in addition to being grounded in clinical frameworks, that are also relevant for working with trans communities. Our findings demonstrate that trans people experience a range of mental health concerns related to issues in their lives, as is the case with the broader community. Additionally, our study also illustrated the significant difficulties trans people in rural settings have in accessing appropriate mental health services. One positive outcome of the COVID-19 pandemic is the developing availability of specialist telehealth consultations. Whilst it is still in its early stages, initial surveying of specialists indicates their support for it becoming a permanent feature of their practices (Royal Australasian College of Physicians, 2020) which has significant potential to increase equity to rural trans populations, as well as many others.

There were both limitations and strengths to this study. The data came from a larger project exploring parenthood amongst TDG parents, where mental health was not the main focus. This may have avoided a selection bias in attracting participants who have mental health concerns, and demonstrates the commonality of mental health concerns in this population. The use of a qualitative research method is a strength, allowing us to ask trans parents directly about their experiences around mental health and the support they receive. This gives trans parents the space to inform those with an interest in mental research what this population identifies as important and where support is needed. The limitations are that the study was cross sectional, so could not examine mental health across time, with all accounts being retrospective. Additionally, the data for this article came from a larger study looking more broadly at experiences around trans parenthood. As such, there may be gaps in our knowledge of specific participant experiences in relation to their mental health and experiences of support.

It is vital to de-stigmatise both parental and trans mental health. Ill-informed treatment effects the wellbeing of people who come to MHPs for support, and is antithetical to the central tenets of mental health care. There is a burgeoning movement to more fully acknowledge and understand the complexity of identities amongst people receiving support for their mental health. Knowledge, understanding, and appreciation of diverse identities are a fundamental component of this movement.

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Conflict of interest

The authors declare that they have no conflicts of interest.

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